



The Influence of Maternal and Child Health-Service Utilization on Subsequent Contraceptive Use

Summary: The intensity of previous maternal and child health service use is positively associated with subsequent modern-contraceptive use. These findings suggest that program efforts to improve the use of maternal and child health services can be a viable strategy for increasing the use of family planning services.

Background

In support of the 1994 International Conference on Population and Development (ICPD) Program of Action, many international donors and local governments increased their emphasis on strengthening the integration of family planning with other reproductive health care services. Potential benefits of integrated programs include increased efficiency of service delivery and the improved ability of health care providers to make a more comprehensive assessment of women's reproductive health needs.

Although the case for renewed emphasis on service integration is compelling, few studies since the 1994 ICPD conference have assessed the impact of integrating family planning with other reproductive health services. The bulk of empirical evidence comes from experimental studies on the effects of integrating family planning into general-health services that were conducted in the 1980s. These studies, however, were conducted in conjunction with vigorously implemented pilot programs; thus, the degree to which the findings may be generalized to national-level programs is uncertain. In addition, the results of these studies were largely inconclusive. In fact, some observers have suggested that the adoption of the integrated-service delivery modality for family planning

services in developing countries appears to have been driven as much by political expediency (given the controversial nature of family planning in many settings) as by solid empirical evidence that service integration was more effective than vertical family planning programs in addressing women's family planning needs.

To better assess whether integrated services are achieving expected reproductive health results, more research — especially at the national level — is needed.

CMS Research Study

Using data from the Demographic and Health Surveys and Service Availability Surveys, CMS examined the relationship between maternal and child health (MCH) service utilization and subsequent contraceptive use in five developing countries: Bolivia, Guatemala, Indonesia, Morocco, and Tanzania.

There are several reasons to expect a relationship between MCH-service utilization and contraceptive use. First, women who utilize MCH services are exposed to counseling and promotional efforts regarding family planning (to the extent that such activities are undertaken as part of MCH-service delivery). Second, in settings where MCH and family planning services

are integrated (which is frequently the case, if only to the extent that services are offered at common facilities), services integration may reduce the time-related costs of obtaining contraceptive services and supplies. Finally, the patient-referral mechanisms in many programs might facilitate follow-through on contraceptive intentions by reducing administrative barriers to family planning services.

The study uses full-information maximum-likelihood techniques to estimate the extent to which the intensity of prior MCH-service use influences modern contraceptive use since the last birth, after controlling for the availability and quality of public and private MCH and family planning services in the service environment, selected community- and individual-level variables associated with MCH service utilization and contraceptive use, and unobserved heterogeneity.

The analysis measures MCH-service use intensity with an index constructed from women's reported service utilization with respect to antenatal care, delivery, and immunizations for each birth reported within five years of the survey.

To facilitate the interpretation of the results, the study includes simulations.

Findings

In Morocco, Guatemala, and Indonesia the analysis suggests that the intensity of MCH-service use is indeed positively associated with contraceptive use among women — even after controlling for observed and unobserved individual-, household-, and community-level factors. Specifically, women in Guatemala whose intensity of MCH-service utilization is greater than average (by one point on the MCH-service utilization intensity index) are more than three times as likely to have used a modern contraceptive method since the last birth. Similarly, in Morocco and Indonesia, a one-unit increase in the intensity of MCH service utilization increases the likelihood of modern contraceptive use after the last birth by 97 percent and 30 percent respectively (see Table 1).

Table 1: Effect of MCH-service use intensity (expressed as relative odds) on use of modern contraceptive methods (versus no method use)

Explanatory Variable	Morocco	Guatemala	Indonesia
Intensity of MCH Service Use	1.97**	3.75***	1.30***

*p<0.10, **p<0.05, *** p<0.01

Control variables include age, marital status (Bolivia only), respondent's education, husband's education (Guatemala only), household size (Guatemala only), number of adult females in the household, household-assets index, proximity to private-sector family planning facilities, urban residence, distance to nearest family planning facility, contraceptive-availability index, and infrastructure and equipment index.

Simulations based on the results represented in Table 1 indicate that increasing each woman's use of MCH services by a standard deviation in MCH-service utilization intensity would increase modern method use by 25 percent in Morocco, 144 percent in Guatemala, and 25 percent in Indonesia.

Program Implications

This study's results suggest that investing in programs that are effective in improving the use of MCH services can be a viable strategy not only to improve MCH service use, but also to increase the use of family planning services. Strategies that could be used to raise MCH-service utilization rates include efforts to strengthen the integration of MCH and family planning services and improve MCH service access and quality.

More Information

For more information or to receive a copy of this research paper, please contact Christine Préfontaine at (202) 220-2174 or cprefontaine@cmsproject.com. Electronic versions of most CMS publications can be downloaded from the publications page in the resources section of the CMS web site at www.cmsproject.com. Ruth Berg, Eric Seiber, and David Hotchkiss prepared this brief.

Source

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